

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature  <input checked="" type="checkbox"/> Agent  <input type="checkbox"/> Addressee  <i>Edwina Calhoun</i> </p>	
<p>1. Article Addressed to:</p> <p><i>Arnold Holt, Warden Bullock Corr. Fac. P.O. Box 5107 Union Springs, AL</i></p>		<p>B. Received by (Printed Name)  <i>Edwina Calhoun</i> </p> <p>C. Date of Delivery  <i>8-9-05</i> </p>	
<p>2. Article Number            (Transfer from service label)  <i>36089</i> </p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes            If YES, enter delivery address below: <input type="checkbox"/> NO  <i>05-638</i>  <i>PO Box</i> </p>	
<p>PS Form 3811, February 2004</p>		<p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.            Restricted Delivery? (Extra Fee)  <i>7004 2510 0001 0150 3180</i> </p>	

Domestic Return Receipt

102595-02-M-1540